

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-670)

SERIAL NO.
10/031298

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.
1	1		1	
2	1		1	
3	2	1		
4	1		1	
5	1		1	
6	1		1	
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TOTAL IND.		↓		↓
TOTAL DEP.	←		←	←
TOTAL CLAIMS	100		100	100

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
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TOTAL IND.		↓		↓				
TOTAL DEP.	←		←	←				
TOTAL CLAIMS	100		100	100				

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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FORM PTO-1360 (REV. 3-78)

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